

(1) BUSINESS SPECIFICATIONS

Property Tax ID Number	Owner of Property			
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)			
B. Estimated Income: Provide the p	projected or actual gross annual income in Michigan. (check one box)			
☐ Less than \$100,000 ☐ \$100,00	$1 - \$150,000 \ \Box \ \$150,001 - \$200,000 \ \Box \ \$200,001 - \$300,000 \ \Box \ \$300,001$ and abo			
MUNICIPALITY INFORMATION	<u>ON</u>			
A. Name of Municipality in which the marijuana facility will be located:				
B. City, State, and Zip Code of Municipality:				
C. Contact Person for Municipality:				
D. Municipality's Email Address: _				
E. Date of Municipal Application (i	f applicable):			
F. Municipality Phone:				
G. County of Municipality:				
H. Municipality Notice Sent Via Cer	rtified Mail			
I. Date Municipality Notice was sen	nt via Certified Mail:			
EMPLOYEE INFORMATION				
A. Number of employees who will v	vork for this marijuana facility:(if unknown, estimate)			
B. Do you plan to hire independent	contractors (e.g., people you will report on a 1099 form)? ☐ Yes ☐ No			

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Medical Facilities Licensing Marijuana Regulatory Agency P.O. Box 30205 Lansing, MI 48909 Telephone: (517) 284-8599 MRA-Applications@Michigan.gov

(4) FACILITY INFORMATION

A.	Is this location currently licensed or the subject of another facility license application	? 🗆 Yes	□ No	
В.	If yes, name the current applicant or licensee (provide any documentation related to the	he transfer o	of ownership))
C.	Is the facility ready for inspection by MRA and Bureau of Fire Services (BFS)?	□ Yes	□ No	
D.	Is the facility ready for plan review by BFS (growers and processors only)?	□ Yes	□ No	□ N/A
Е.	If no for either question above, indicate anticipated date or provide a timeline when the inspection and/or plan review. Please note, a facility is ready for inspection when the	•	•	

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